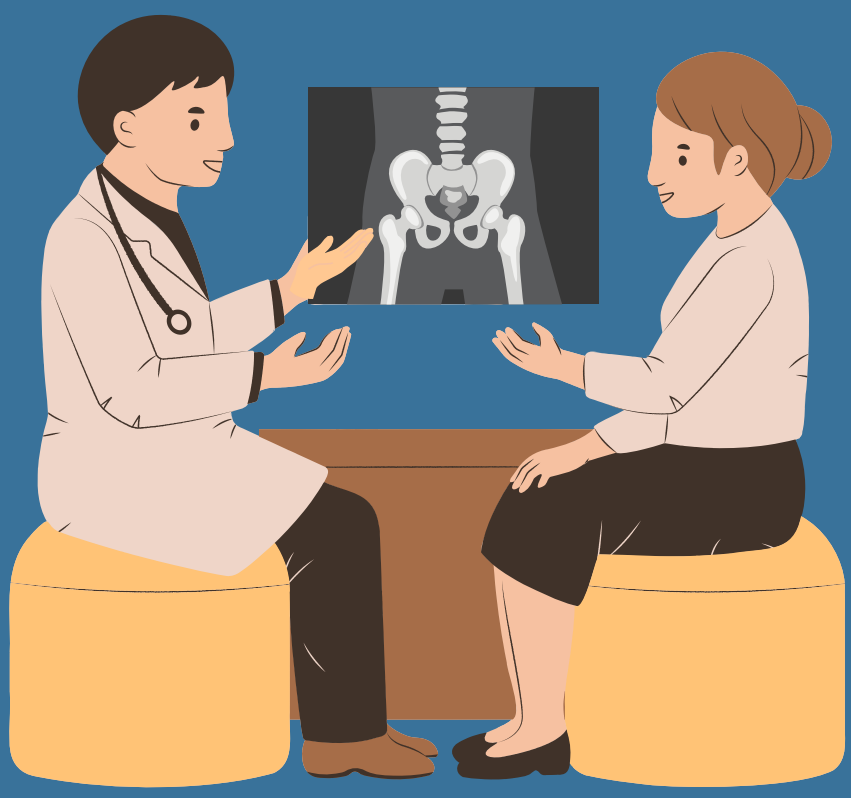
Miles 4 Hips

Shared Decision-Making in Hip Dysplasia Care

How patients and clinicians make treatment decisions together

Hip dysplasia treatment isn't one-size-fits-all.

Shared decision-making starts with recognizing there may be a choice and that there may be more than one reasonable approach to care.



Shared decision-making helps patients and clinicians choose care together.

Shared decision-making brings two experts together

Clinician Expertise	Patient Expertise
• Diagnosis • Imaging • Treatment options • Risks and benefits	• Goals • Preferences • Lived experience • Priorities • Risk tolerance • Costs of trade-offs

Decisions are made together.

Why shared decision-making matters in hip dysplasia care.

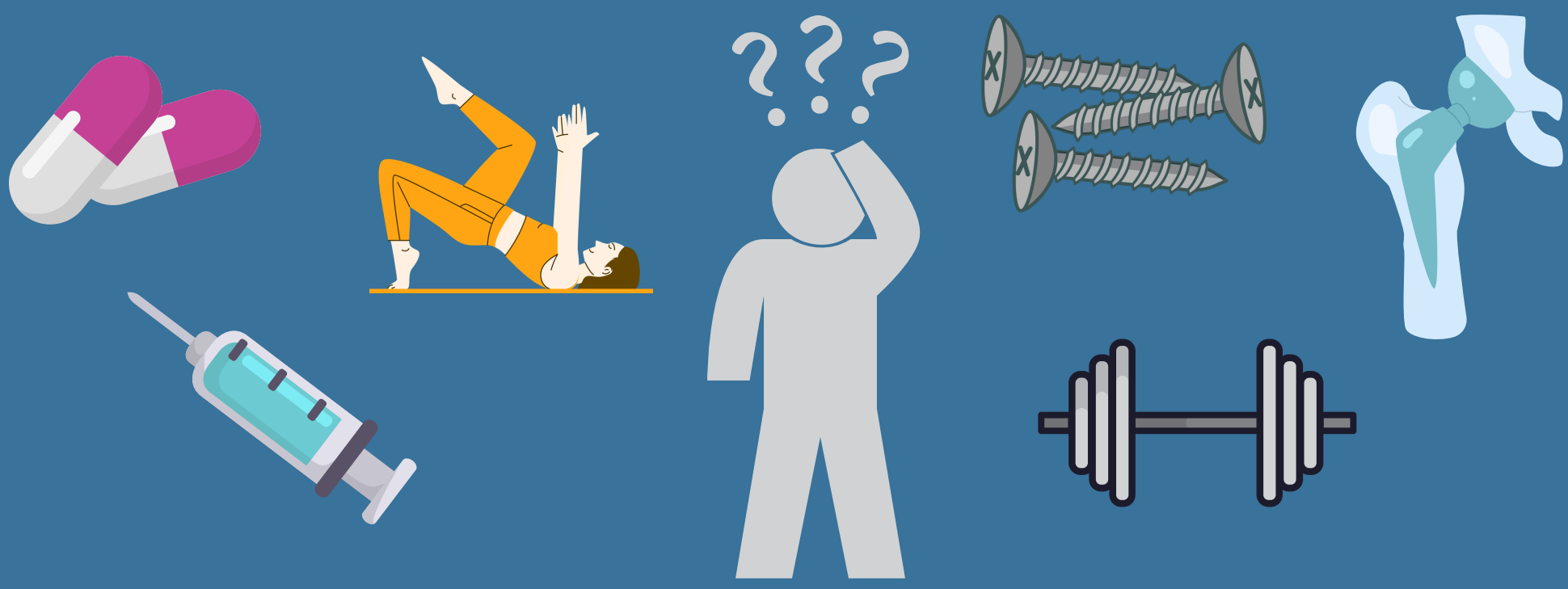
For patients, there may be:

- multiple reasonable treatment options
- uncertainty about timing
- tradeoffs between recovery, pain, activity, and long-term joint health
- unique personal preferences, values, and goals that matter to YOU

Why shared decision-making matters in hip dysplasia care.

Shared decisions may include:

- Physical therapy vs surgery
- Timing of surgery
- PAO vs arthroscopy vs combined procedures
- Hip preservation vs total hip replacement
- Activity modifications
- Monitoring vs intervention



What the clinician brings:

Your care team helps explain:

- imaging findings
- anatomy and diagnosis
- treatment risks and benefits
- expected recovery and prognosis
- what evidence can (and can’t) predict

What the patient brings:

You are the expert on:

- your symptoms
- your goals
- your work/school/family demands
- sports and activities
- your comfort with risk and recovery

There is no “correct” preference and each patient has different things that matter most to them.

Medical decisions also involve values.

People may value different things, such as:

- returning to sport quickly
- avoiding surgery
- long-term joint preservation
- minimizing downtime
- symptom relief now vs future risk reduction

Different priorities can lead to different reasonable decisions.

Questions patients can ask:

Helpful questions:

- What are my options?
- What happens if I wait?
- What outcomes are most likely?
- What uncertainties exist?
- How might this affect my future function?

Decisions can change over time, and this is okay!

Shared decision-making is an ongoing process.

Your goals, symptoms, and priorities may evolve.

It’s okay to revisit decisions.

Key Takeaways:

Good hip dysplasia care is not just about treating a diagnosis or imaging.

It's about:

- Treating YOU as an individual,
- Helping you become informed,
- Including you in care decisions,
- and finding the approach that best fits your preferences, values, and goals.